

**\*Pending GSA Approval**

**Bank of America.**



## New Account Application



## Re-Open a Closed Account

**Indicate below if a replacement card is required.**

114

PART 1: TO BE COMPLETED BY EMPLOYEE															PLEASE TYPE OR PRINT ALL INFORMATION														
Cardholder name as it should appear on the card (First Name, Middle Name or Middle Initial and Last Name):																													
<div></div>																													
Account Number*: If this is a request to re-open a closed account, indicate the account number and if a replacement card is required.																													
<div></div>																													
Check here if you need a new plastic replacement card mailed to you: <input type="checkbox"/>																													
Social Security Number:															Employment Status:														
<div></div>															Active <input type="checkbox"/> Reserve <input type="checkbox"/> Guard <input type="checkbox"/> Civilian <input type="checkbox"/>														
Military Rank and Pay Grade/Civilian Pay Grade (example: E-05, O-03, GS-09, WG-07, etc.):																													
Military Rank:										Military Pay Grade:										Civilian Pay Grade:									
<div></div>										<div></div>										<div></div>									
Commercial Office Phone:															Home Phone:														
Statement Mailing Address: (Indicate Street or P.O. Box)															Card Mailing Address*: (if different from statement address)														
<div></div>															<div></div>														
City or APO/FPO:										State:					City or APO/FPO*:										State*:				
Zip/Postal Code:										Country:					Zip/Postal Code*:										Country*:				
E-mail Address*:																													
Card Delivery*: If a new card is required, it will arrive approximately 10 to 14 business days after Bank of America receives the application. Expedited card delivery is available, however, the applicant will be charged \$20. Check here if you are requesting expedited card delivery. <input type="checkbox"/>																													
Signature and Agreement: After reading the attached Agreement between Department of Defense Employee and Bank of America, N.A. (USA) ("Agreement"): 1. Initial either A or B below; 2. Sign; 3. Obtain your supervisor's approval; and 4. Forward the completed form to your APC.																													
A. By signing below, I acknowledge that I have read and understand, and agree to be bound by, the terms and conditions of the Agreement including Bank of America's right to obtain credit reports as described in the Agreement. I attest to the best of my knowledge, that the information I have provided herein is true and correct.															B. By signing below, I acknowledge that I have read and understand, and agree to be bound by, the terms and conditions of the Agreement; however, I do not authorize Bank of America to obtain credit reports and therefore I will not be eligible for a standard account. I attest to the best of my knowledge, that the information I have provided herein is true and correct.														
This application is for a Government Card Account, which may be standard or restricted, as described in the attached Agreement. I expressly agree to accept whichever type of account is established.																													
Applicant's Signature:																									Date:				
Supervisor's Approval Signature:																									Date:				
PART 2: TO BE COMPLETED BY AGENCY PROGRAM COORDINATOR (APC)																													
PLEASE TYPE OR PRINT ALL INFORMATION																													
Central Account No.																													
<div></div>																													
Account Hierarchy: Specify the complete Hierarchy Level (HL) number that pertains to your organization. For example, 0000001 2000005 3012345.																													
HL1 HL2 HL3 HL4 HL5 HL6 HL7 HL8																													
<div></div>																													
Organization/Unit Name:																													
FIPS Code: <input type="checkbox"/> Is the applicant eligible to obtain Contract City Pair airline fares? <input type="checkbox"/> +If eligible, participation is*: <input type="checkbox"/> Mandatory <input type="checkbox"/> Non-mandatory <input type="checkbox"/>																													
Account Type*: (Check one. If the applicant initialed B in the above Signature and Agreement section, then only a restricted card may be issued. For a restricted card, no activation/deactivation dates are provided below, the card will issued in a deactivated status and can only be activated by the APC.)																													
Standard <input type="checkbox"/> Restricted <input type="checkbox"/> If Restricted, Date to Activate: Month Day Year Date to Deactivate: Month Day Year																													
Card Design Type*: Standard <input type="checkbox"/> Quasi-Generic <input type="checkbox"/>															Cash Access*: Yes <input type="checkbox"/> No <input type="checkbox"/>										Authorized to Receive Travelers Checks*: Yes <input type="checkbox"/> No <input type="checkbox"/>				
By signing below, I hereby authorize, on behalf of the Agency/Organization indicated above, that a Government Card be issued to the employee named above. PLEASE RETAIN COPY FOR YOUR RECORDS. Return copy to: Bank of America, Attn: GCSU, P.O. Box 52304, Phoenix, AZ, 85072-9419, Facsimile: 1.877.217.1033 or 1.888.688.5831																													
APC: <div></div> Date: <div></div>																													
Name & Title/Rank (Please print)															Signature														
Address Line 1:															City:														
Address Line 2:															State:														
Address Line 3:															Zip Code:														
															Country:														
															Commercial Telephone:														